Docket Number (optional)

REISSUE APPLICATION DECLARATION BY	THE ASSIGNEE   80121-06507
I hereby declare that:	
My residence and mailing address and citizenship are st	
I am authorized to act on behalf of the following assigned	Origin Medsystems, Inc.
and the title of my position with said assignee is:	sistant Secretary
The entire title to the patent identified below is vested in	said assignee.
Name of Patentee(s): Stephen A. Morse, Peter L. G.C. Frazier, Albert K. Chin	Callas, Georffrey A. Orth, Andrew
Patent Number	Date of Patent Issued
5,984,937	November 16, 1999
Title of Invention Orbital Dissection Cannula and Method	
I believe said patentee(s) to be the original, first and solu	e/joint inventor(s) of the subject matter which is
described and claimed in said patent, for which a reissur Orbital Surgical Cannula and Method	e patent is sought on the invention entitled
the specification of which	
is attached hereto.	
was filed on as reissue app and was amended on(If applicable)	lication number /
I have reviewed and understand the contents of the about amended by any amendment referred to above.	ve identified specification, including the claims, as
I acknowledge the duty to disclose information which is	material to patentability as defined in 37 CFR 1.56.
I verily believe the original patent to be wholly or partly i below. (Check all boxes that apply.)	noperative or invalid, for the reasons described
by reason of a defective specification or drawing.  X by reason of the patentee claiming more or less to by reason of other errors.	
At least one error upon which reissue is based is descri	bed as follows:
<ul><li>filed.</li><li>2. Spelling errors in the specification</li><li>All errors corrected in this reissue application arose with applicant.</li></ul>	on and Abstract.  nout any deceptive intention on the part of the

[Page 1 of 4]

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Residence/Mail 744 Forest		lo Alto, CA 94301				
Patentee Peter L. Ca	llas			Citizer U.S.	•	
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Geoffrey Orth			U.S.A.							
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Patentee			Citizenship							
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